

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

18590-06192

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	18	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	16 minus 20 = *	9
INDEPENDENT CLAIMS	3 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 16	Minus	** 20
Independent	* 3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY
TYPE

OR OTHER THAN
SMALL ENTITY

RATE	Fee
BASIC FEE	370.00
X\$ 9=	<input type="checkbox"/>
X42=	<input type="checkbox"/>
+140=	<input type="checkbox"/>
TOTAL	370

RATE	Fee
BASIC FEE	740.00
X\$18=	<input type="checkbox"/>
X84=	<input type="checkbox"/>
+280=	<input type="checkbox"/>
TOTAL	

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>
X42=	<input type="checkbox"/>
+140=	<input type="checkbox"/>
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	<input type="checkbox"/>
X84=	<input type="checkbox"/>
+280=	<input type="checkbox"/>
TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 34	Minus	** 20
Independent	* 2	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
X\$ 9=	126.
X42=	<input type="checkbox"/>
+140=	<input type="checkbox"/>
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	<input type="checkbox"/>
X84=	<input type="checkbox"/>
+280=	<input type="checkbox"/>
TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 1	Minus	** 1
Independent	* 1	Minus	*** 1	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>
X42=	<input type="checkbox"/>
+140=	<input type="checkbox"/>
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	<input type="checkbox"/>
X84=	<input type="checkbox"/>
+280=	<input type="checkbox"/>
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.